

TACTICAL RESPONSE REPORT/Chicago Police Department																				
MEMBER INVOLVED	1. DATE OF INCIDENT 01-JUN-2014		TIME 01:34:00		2. ADDRESS OF OCCURRENCE 1537 N TALMAN AVE , Apt 1ST FLOOR CHICAG				3. LOCATION CODE 290		4. BEAT/OCCUR 1423		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO							
	5. POSITION 9161		6. LAST NAME REYES		7. FIRST NAME LUIS G		8. STAR NO 15014		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE 600		12. HT. 196					
	14. DATE OF APPT. 29-SEP-2003		15. EMPLOYEE NO. 		16. UNIT & BEAT OF ASSIGNMENT 014 1462E		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME ACUNA		21. FIRST NAME ROMULO		22. M.I. 		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 31-MAY-1973		26. HT. 508		27. WT 205					
	28. ADDRESS 2716 W CORTEZ ST CHICAGO, IL 60622				29. TELEPHONE NO. 		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		VERBAL THREAT (ASSAULT), HANDS/FISTS		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? 															
	34. BY WHOM? 				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid															
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED 720 ILCS 5.0/12-3.05-D-4						<input type="checkbox"/> DNA		37. CB NO. 18905534		IR NO. <input type="checkbox"/> DNA									
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT:ASSAULT				ASSAILANT:BATTERY				ASSAILANT:DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>				FLED <input type="checkbox"/>				IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>				ATTACK WITH WEAPON <input type="checkbox"/>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>				PULLED AWAY <input checked="" type="checkbox"/>				OTHER _____				ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>				WEAPON <input type="checkbox"/>			
MEMBER'S RESPONSE	OTHER _____				OTHER _____								OTHER <u>FIST, ARMS AND FIST</u>				OTHER _____			
	MEMBER PRESENCE <input checked="" type="checkbox"/>				OPEN HAND STRIKE <input checked="" type="checkbox"/>				ELBOW STRIKE <input type="checkbox"/>				KNEE STRIKE <input type="checkbox"/>				FIREARM <input type="checkbox"/>			
	VERBAL COMMANDS <input checked="" type="checkbox"/>				TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>				CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>				KICKS <input type="checkbox"/>							
ESCORT HOLDS <input type="checkbox"/>				OC CHEMICAL WEAPON <input type="checkbox"/>				IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>				IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				OTHER _____				
WRISTLOCK <input type="checkbox"/>				CANINE <input type="checkbox"/>																
ARMBAR <input type="checkbox"/>				TASER (Probe Discharge) <input type="checkbox"/>																
PRESSURE SENSITIVE AREAS <input type="checkbox"/>				01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																
CONTROL INSTRUMENT <input type="checkbox"/>				TASER (Contact Stun) <input type="checkbox"/>																
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>				01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																
LRAD WITH AUTHORIZATION <input type="checkbox"/>				TASER (ARC Cycle) <input type="checkbox"/>																
OTHER _____				01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																
				TASER (Spark Displayed) <input type="checkbox"/>																
				01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																
				OTHER _____																

<div> <input type="checkbox"/> OOC/CHEMICAL WEAPON AUTHORIZED BY (NAME) </div> <div> RANK </div> <div> STAR NO. </div> <div> UNIT NO. </div> <div> 40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No </div>	<div> 40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No </div>		<div> 40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No </div>		<div> 40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member </div>	
	<div> 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Proba Discharge) <input type="checkbox"/> 07 OTHER </div>		<div> 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors </div>		<div> 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial </div>	
			<div> 44. WEATHER CONDITIONS CLEAR </div>			
	<div> 45. MAKE/MANUFACTURER </div>		<div> 46. MODEL </div>		<div> 47. BARREL LENGTH </div>	
	<div> 48. CALIBER/GAUGE </div>					
	<div> 49. TASER DART ID NO. </div>		<div> 50. WEAPON SERIAL No. (Include Letters) </div>		<div> 51. CHICAGO GUN REG NO. </div>	
<div> 52. IL FIREARM OWNER ID. NO. </div>		<div> 53. HANDGUN CERTIFICATE NO. </div>				
<div> 54. SPECIAL WEAPON CERTIFICATE NO. </div>		<div> 55. PROPERTY INVENTORY NO. </div>		<div> 56. TYPE OF AMMUNITION USED </div>		
<div> 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. </div>		<div> 58. TOTAL NO. OF SHOTS MEMBER FIRED </div>				
<div> 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) </div>		<div> 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO </div>		<div> 61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED </div>		
<div> 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) </div>		<div> 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) </div>		<div> 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD </div>		
<div> 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO </div>		<div> 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) </div>		<div> 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. </div>		
<div> 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 ANY OTHER COMBINATION <input type="checkbox"/> 08 NONE </div>		<div> 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) </div>		<div> 70. ADDITIONAL INFORMATION </div>		
				<div> 71. EVENT NO. </div>		
				<div> 72. R.D. NO. </div>		

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			70. EVENT NO. 1415201394	
	40. ADDITIONAL INFORMATION <div style="border: 1px solid black; height: 40px;"></div>				
SIGNATURES	73. REPORTING MEMBER (Print Name) REYES, LUIS G 01-JUN-2014 06:33:17		STAR/EMPLOYEE NO. 15014	SIGNATURE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	71. R.D. NO. HX284801
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
74. REVIEWING SUPERVISOR (Print Name) GIBSON, WOODIE D		STAR NO 1697	SIGNATURE <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	DATE REVIEWED TIME 01-JUN-2014 06:49:25	

Additional discharged weapons:

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

After being given his rights per Miranda, subject refused to give statement to R/Lt.

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

The officer's actions were proper in dealing with a belligerent, combative assailant.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. _____ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

MULKERIN, MICHAEL J

80.

TRR

OF

TRR(S)

81. TOTAL TRR'S THIS EVENT No

4

SIGNATURE

DATE COMPLETED

TIME

01-JUN-2014 08:07:47

LOG# 1081170

Attachment 21